

Application Data Sheet**Application Information**

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: PHENANTHROLINE-7-ONE
DERIVATIVES AND THEIR
THERAPEUTIC APPLICATIONS
Attorney Docket Number:: 0512-1004
Request for Early No
Publication?::
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 0
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	FRANCE
Status::	Full Capacity
Given Name::	EVELYNE
Middle Name::	
Family Name::	DELFOURNE
City of Residence::	POLLESTRES
State or Province of Residence::	
Country of Residence::	FRANCE
Street of Mailing Address::	4 IMPASSE DU LIÈGE

City of Mailing Address:: POLLESTRES
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 66450

Applicant Authority Type::	INVENTOR
Primary Citizenship Country::	BELGIUM
Status::	Full Capacity
Given Name::	FRANCIS
Middle Name::	
Family Name::	DARRO
City of Residence::	BRUXELLES
State or Province of Residence::	
Country of Residence::	FRANCE
Street of Mailing Address::	AVENUE V. OLIVIER
	BÂTIMENT 8A, BOÎTE 60
City of Mailing Address::	BRUXELLES
State or Province of Mailing Address::	
Country of Mailing Address::	BELGIUM
Postal or Zip Code of Mailing Address::	1070

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: BASTIDE
City of Residence:: PERPIGNAN
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 20 RUE ANTOINE CARBO

City of Mailing Address:: PERPIGNAN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 66000

Applicant Authority Type:: Inventor
Primary Citizenship Country:: BELGIUM
Status:: Full Capacity
Given Name:: ROBERT
Middle Name::
Family Name:: KISS
City of Residence:: WAUTHIER-BRAINE
State or Province of Residence::
Country of Residence:: BELGIUM
Street of Mailing Address:: 4 COURS AU BOIS

City of Mailing Address:: WAUTHIER-BRAINE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 1440

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE

Status:: Full Capacity
Given Name:: ARMAND
Middle Name::
Family Name:: FRYDMAN
City of Residence:: VERRIERES LE BUISSON
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 10 ALLÉE DES FUSAINS

City of Mailing Address:: VERRIERES LE BUISSON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 91370

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR00/02312	8/11/00

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	99 10490	8/13/99	Yes
FRANCE	00 06652	5/24/00	Yes

Assignment Information

Assignee Name:: LABORATOIRE L. LAFON

Street of Mailing Address:: 19, AVENUE DU PROFESSEUR CADIOT

City of Mailing Address:: MAISONS ALFORT

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 94701